

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2002 OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan

NAIC Group Code	ant Pariod\ (Prior Pariod\	NAIC Company Code	95453	Employer's ID Number	38-2396958
`	, , , ,	State	of Domicile o	r Port of Entry	Michigan
· ·	ga			Tortor Entry	
	Life Assistant Older Mr 5 1				
Licensed as business type:			_		[v]
				G	
Incorporated				02/05/19	
Statutory Home Office	II .	,		Grand Rapids, MI 4	
	(Street and Nu	,			ρ Code)
Main Administrative Office				ve	
			(A	616-949-2410-119 Area Code) (Telephone Number)	
Mail Address	829 Forest Hills Ave SE	,	,	Grand Rapids, MI 49546	3
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code	e)
Country of Domicile					
			(
. ,	Town, State and Zip Gode)	brownia	,	rea Code) (Telephone Number)	
-	Jean	7.	<u> </u>	616-949-2410-11	 9
Courset Person Prior Person Prior Person State of Domicile Port of Entry			(Area Code) (Telephone Number		
		-			
Policyowner Relations Conta	ct				
•	(Street and	Number)			
(City or	Town, State and Zip Code)	·	(Area C	ode) (Telephone Number) (Extension	n)
B	Dalam d Dalman	OFFICERS	0 .	TI 0	
_			Secretary	Inomas S	cnouten
		VICE DDECIDENT	T C		
James a Karibu MD		VICE PRESIDENT	3		
James Kerby MD	DIDE	OTODO OD TDU)TEEO		
Lucille Grimm Kathy Lentz			SIEE2		
·		·			
)				
State of Michigan	} ss	3			
County of Kent	<i>)</i>				
or referred to is a full and tr	ue statement of all the assets a	nd liabilities and of the con	idition and af	fairs of the said reporting e	entity as of the reporting
Statement Instructions and	Accounting Practices and Proce	dures manual except to the	e extent that:	(1) state law may differ; or	r, (2) that state rules or
	es in reporting not related to acco	ounting practices and proce	dures, accord	ding to the best of their info	rmation, knowledge and
, ,					
Droeiden		Cooratoni		Troop	- INC.
Fresiden	l	Secretary		rreasi	urei
			a. Is t	his an original filing?	Yes [] No []
			b. If n	0	
day of	2003				H
			3. N	lumber of pages attached	

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7	
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted	
0199999 Total individuals			•				
Group subscribers:							
Group subscribers: OPM Feds.		120,884			0	463,681	
		<u> </u>				·	
0299997 Group subscriber subtotal	342,797	120,884	0	0	0	463,681	
0299997 Crioup subscriber subtotal 0299998 Premiums due and unpaid not individually listed	467,739	56,473	6,416	8.478	15,000	524, 105	
0299999 Total group	810,536	177 ,357	6.416	8 478	15,000	987,786	
0399999 Premiums due and unpaid from Medicare entities	010,330	117,557	0,410	,470	13,000		
0499999 Premiums due and unpaid from Medicaid entities		†					
	810,536	177,357	6,416	8,478	15,000	987,786	
0599999 Accident and health premiums due and unpaid (Page 2, Line 10)	810,530	177,307	0,410	0,478	15,000	967,780	

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Individually Listed Receivables:						
MAQQQQQ Pacaiyahlas not individually listed	7,962	4,964	6,390	50,535	28,928	/n 923
0499999 Receivables not individually listed	7,962	4,964	6,390	50,535	28,928	40,923 40,923
0599999 Gross health care receivables	7,902	4,904	0,390	30,333	20,920	40,923

EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)

	Aging Analysis of Unpaid	Claims	_			
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Payable (Reported)						
0199999 Individually listed claims payable	0	Λ	0	0	0	Λ
0299999 Aggregate accounts not individually listed-uncovered.	108,129					108.129
0399999 Aggregate accounts not individually listed-covered	2,239,344	313	108	3,725	12,432	108,129 2,255,922
0499999 Subtotals	2,347,473	313	108	3,725	12,432	2,364,051
0599999 Unreported claims and other claim reserves						1,114,153
0699999 Total amounts withheld						0
0799999 Total claims payable						3,478,204
0899999 Accrued medical incentive pool						

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admi	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables:							
Grand Valley Health Corporation	163,232					163,232	
Grand Valley Health Management	104,992					104,992	
Individually Listed Receivables: Grand Valley Health Corporation		5,303	170,008	281,305	356,616	100,000	0
				·····			
0199999 Individually listed receivables	268,224	5,303	170,008	281,305	356,616	368,224	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	268,224	5,303	170,008	281,305	356,616	368,224	0

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

4	2	0	4	F
1		3	4	5
Affiliate	Description	Amount	Current	Non-Current
0199999 Individually listed payables.	_	0	0	0
0199999 Individually listed payables				
0300000 Total gross payables		0	0	n
0033333 Total gross payables		U	U	0

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ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Grand Valley Health Plan

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT OF ALL I COMMINANT OF THATCACHORG WITH THOUSE LIC										
Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers				
Capitation Payments:										
Medical groups	0	0.0		0.0						
2. Intermediaries	0	0.0		0.0						
3. All other providers	350,033	0.9	238,608	100.0		350,033				
4. Total capitation payments	350,033	0.9	238,608	100.0	0	350,033				
Other Payments:										
5. Fee-for-service	1,440,040	3.9	XXX	XXX		1,440,040				
6. Contractual fee payments	19,290,235	51.6	XXX	XXX		19,290,235				
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX						
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX						
9. Non-contingent salaries		43.6	XXX	XXX		16,274,482				
10. Aggregate cost arrangements	0	0.0	XXX	XXX						
11. All other payments	0	0.0	xxx	XXX						
12. Total other payments	37,004,757	99.1	XXX	XXX	0	37,004,757				
13. TOTAL (Line 4 plus Line 12)	37,354,790	100 %	XXX	XXX	0	37,354,790				

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

EXHIBITO - FART 2 - COMMART OF TRANSACTIONS WITH INTERMEDIATIES									
1	2	3	4	6	7				
			Average		Intermediary's				
			Average Monthly Capitation	Intermedian/s	Intermediary's Authorized Control Level RBC				
NAIC Code	Name of Intermediary	Conitation Daid	Conitation	Intermediary's Total Adjusted Capital	Control Lovel DDC				
INAIC Code	Name of intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC				
			·						
9999999 Totals		Λ	XXX	XXX	XXX				
aaaaaaa Tolais		U	^^^	^^^	^^^				

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

· · · · · · · · · · · · · · · · · · ·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	219 , 181		213,930	5,251		5,251
Medical furniture, equipment and fixtures	3,249,751		3,162,465	87 ,286		87 , 286
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	3,468,932	0	3,376,395	92,537	0	92,537



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION 2. DIVISION

REPORT FOR: 1. CORPORATION Grand Valley Health Plan

NAIC Group Code E	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR	2. DIVISION			(LOCATION) NA	IC Company Code	95453
	1	Compre (Hospital &	hensive	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		279	18,563				1,661			
2 First Quarter	20,071	289	18,121				1,661			
3 Second Quarter	19,637	286	17,697				1,654			
4. Third Quarter	19,703	272	17 ,762				1,669			
5. Current Year	19,561	252	17,592				1,717			
6 Current Year Member Months	238,608	3,306	215,199				20,103			
Total Member Ambulatory Encounters	for Year:									
7. Physician	19,974	277	18,014				1,683			
8. Non-Physician	60,503	838	54,568				5,097			
9. Total	80 , 477	1,115	72,582	0	0	0	6,780	0	0	(
10. Hospital Patient Days Incurred	4,010	56	3,616				338			
11. Number of Inpatient Admissions	1,319	18	1,190				111			
12. Premiums Collected	39,113,467	568,590	35,240,302				3,304,575			
13. Premiums Earned	39,311,693	568,590	34,974,847				3,768,256			
14. Amount Paid for Provision of Health	n Care Services37,354,790	515,496	32,658,309				4,180,985			
15. Amount Incurred for Provision of He	ealth Care Services 36,719,346	506,727	32,031,634				4,180,985			



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan

2. DIVISION

2. DIVISION

NAIC Group Code BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR 2	2002			(LOCATION)	IC Company Code	95453
BOOMESO WILLOW	1	Compreh (Hospital &	ensive	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:					·					
1. Prior Year	20,503	279	18,563	0	0	0	1,661	0	0	(
2 First Quarter	20,071	289	18 , 121	0	0	0	1,661	0	0	(
3 Second Quarter	19,637	286	17 ,697	0	0	0	1,654	0	0	0
4. Third Quarter		272	17 ,762	0	0	0	1,669	0	0	0
5. Current Year	19,561	252	17,592	0	0	0	1,717	0	0	(
6 Current Year Member Months	238,608	3,306	215,199	0	0	0	20,103	0	0	(
Total Member Ambulatory Encounters for Year:										
7. Physician	19,974	277	18,014	0	0	0	1,683	0	0	(
8. Non-Physician	60,503	838	54,568	0	0	0	5,097	0	0	(
9. Total	80,477	1,115	72,582	0	0	0	6,780	0	0	(
10. Hospital Patient Days Incurred	4,010	56	3,616	0	0	0	338	0	0	(
11. Number of Inpatient Admissions	1,319	18	1,190	0	0	0	111	0	0	(
12. Premiums Collected		568,590	35,240,302	0	0	0	3,304,575	0	0	(
13. Premiums Earned	39,311,693	568,590	34,974,847	0	0	0	3,768,256	0	0	(
14. Amount Paid for Provision of Health Care Services		515,496	32,658,309	0	0	0	4,180,985	0	0	(
15. Amount Incurred for Provision of Health Care Services	36,719,346	506,727	32,031,634	0	0	0	4,180,985	0	0	(

SCHEDULE A VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	1,373,955
	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 10	(50,047)
	2.1 Totals, Part 1, Column 10 2.2 Totals, Part 3, Column 7	0
	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 13	62,949
	4.2 Totals, Part 3, Column 9	0
5.	Total profit (loss) on sales, Part 3, Column 14	0
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 11	0
	6.2 Totals, Part 3, Column 8	0
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	0
8.	Book/adjusted carrying value at end of current period	1,386,857
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	1,386,857
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, current period)	1,386,857

SCHEDULE B VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount and mortgage interest points and commitment fees
4.	Increase (decrease) by adjustment
	Total profit (loss) on sale
	Amounts paid on account or in full during the year
	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
	Subtotal (Lines 9 plus 10)
	Total nonadmitted amounts
13	Statement value of mortrages owned at end of current period

SCHEDULE BA VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	811,476
2.	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	0
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	19,338
7.	Amortization of premium	
	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	792 , 138
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	792 , 138
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period	792 , 138

SCHEDULE D - PART 1A - SECTION 1

		Quality and Maturi		onds Owned December		d Carrying Values by M		and NAIC Designations	5		
	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Vear or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Place
1. U.S. Governments, Schedules D &		J Teals	TO TEATS	Tillough 20 Tears	Over 20 Tears	Total Outletti Teal	/6 OI LINE 10.7	i iloi Teai	i noi reai	Haded	(α)
1.1 Class 1						0	0.0	950,097	94.9		
1.2 Class 2						0	0.0	0	0.0		
1.3 Class 3						0	0.0	0	0.0		
1.4 Class 4						0	0.0	0	0.0		
1.5 Class 5						0	0.0	0	0.0		
1.6 Class 6						0	0.0	0	0.0		
1.7 Totals	0	0	0	0	0	0	0.0	950,097	94.9	0	
2. All Other Governments, Schedules	D & DA (Group 2)	· · · · · · · · · · · · · · · · · · ·	Ů	<u> </u>		, and the second	0.0	000,000	0110	•	
2.1 Class 1						0	0.0	0	0.0		
2.2 Class 2						0	0.0	0	0.0		
2.3 Class 3						0	0.0	0	0.0		
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
3. States, Territories and Possessions	s etc., Guaranteed, S	chedules D & DA (Grou	p 3)	-				-		-	
3.1 Class 1	, i	1				0	0.0	50 , 820	5.1		
3.2 Class 2						0	0.0	0	0.0		
3.3 Class 3						0	0.0	0	0.0		
3.4 Class 4						0	0.0	0	0.0		
3.5 Class 5						0	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	50,820	5.1	0	(
4. Political Subdivisions of States, Te	rritories and Possess	sions, Guaranteed, Sch	edules D & DA (Group	4)				·			
4.1 Class 1						0	0.0	0	0.0		
4.2 Class 2						0	0.0	0	0.0		
4.3 Class 3						0	0.0	0	0.0		
4.4 Class 4						0	0.0	0	0.0		
4.5 Class 5						0	0.0	0	0.0		
4.6 Class 6		<u> </u>				0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
5. Special Revenue & Special Assess	ment Obligations etc	., Non-Guaranteed, Sch	edules D & DA (Group	5)							
5.1 Class 1	-					0	0.0	0	0.0		
5.2 Class 2						0	0.0	0	0.0		
5.3 Class 3		<u> </u>				0	0.0	0	0.0		<u> </u>
5.4 Class 4						0	0.0	0	0.0		
5.5 Class 5						0	0.0	0	0.0		
5.6 Class 6						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(

SCHEDULE D - PART 1A - SECTION 1 (continued)

O . 121	District Control of All D		. O4 D / A . !!	1 A	4 . ¹ T	I NIAIO D ' I'	
		onds Owned Decembe					
Guanty and matan	iy bishibuhon ol An b	onas ownica becenibe	i o i, at book/Aujustot	a our ying values by it	iujoi iypos oi issuos i	and maio besignations	

		Quality and Maturi	ty Distribution of All B	onds Owned Decemb	er 31, at Book/Adjuste	d Carrying Values by I	Major Types of Issues a	and NAIC Designation			
	1	2	3	4	5	6	7	8	9	10	11
O I'I D I' II NAIOD ' I'	4.37		Over 5 Years Through	Over 10 Years	0 00 1/	T	Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Placed
Quality Rating per the NAIC Designation		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
6. Public Utilities (Unaffiliated), School	dules D & DA (Group (p)	1				0.0	0	0.0		
6.1 Class 1						0	0.0	0	0.0		
6.2 Class 2						<u>0</u>	0.0	0	0.0		
6.3 Class 3						0	0.0	0	0.0		
6.4 Class 4						Ω	0.0	0	0.0		
6.5 Class 5						0	0.0	0	0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffili	iated), Schedules D &	DA (Group 7)									
7.1 Class 1						0	0.0	0	0.0		
7.2 Class 2						0	0.0	0	0.0		
7.3 Class 3						0	0.0	0	0.0		
7.4 Class 4						0	0.0	0	0.0		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Credit Tenant Loans, Schedules D	& DA (Group 8)				-		***	-		-	-
8.1 Class 1						0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	n	Λ	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	V	U	0	U	U	0.0	0	0.0	U	U
9.1 Class 1	Jonedules D & DA (G	T	1			0	0.0	0	0.0		
9.2 Class 2							0.0		0.0		
9.2 Class 2		†	†			,	0.0		0.0		
9.4 Class 4							0.0		0.0		
						I	0.0		0.0		
9.5 Class 5		 	†			ļ					
9.6 Class 6						U	0.0	0	0.0	_	
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 Over 1 Year Through Total from Col. 6 Total Publicly Total Privately Placed Over 5 Years Through Over 10 Years Col. 6 as a % From Col. 7 Quality Rating per the NAIC Designation Through 20 Years Over 20 Years 1 Year or Less 5 Years 10 Years **Total Current Year** % of Line 10.7 Prior Year Prior Year Traded (a) 10. Total Bonds Current Year 10.1 Class 1 XXX. XXX. ..0.0 .XXX. XXX. 10.2 Class 2 .XXX. 0.0. XXX. 10.3 Class 3 XXX. 0.0. XXX. 10.4 Class 4 10.5 Class 5 0.0 XXX XXX XXX XXX 10.6 Class 6 0 0.0 10.7 Totals 0.0 XXX XXX 10.8 Line 10.7 as a % of Col. 6 0.0 0.0 0.0 0.0 0.0 0.0 XXX XXX XXX 0.0 0.0 11. Total Bonds Prior Year 1.000.917 100.0 1.000.917 1.000.917 XXX 11.1 Class 1 XXX XXX 11.2 Class 2 0 0 11.3 Class 3 XXX XXX 0.0 11.4 Class 4 XXX XXX 0.0 11.5 Class 5 XXX XXX 0.0 11.6 Class 6 0 XXX XXX 0.0 .XXX. .1,000,917 11.7 Totals .1,000,917 ...0 .XXX. .100.0 ..1,000,917 11.8 Line 11.7 as a % of Col. 8 100.0 0.0 0.0 0.0 0.0 XXX XXX 100.0 XXX 100.0 0.0 12. Total Publicly Traded Bonds 12.1 Class 1 .1,000,917 .100.0 XXX 12.2 Class 2 0 0 0.0 XXX 12.3 Class 3 0.0 XXX 0.0 0.0 XXX 12.4 Class 4 0.0 XXX 12.5 Class 5 0.0 XXX 12.6 Class 6 0.0 0.0 12.7 Totals .1,000,917 .100.0 XXX 12.8 Line 12.7 as a % of Col. 6. 0.0 0.0 0.0 0.0 0.0 0.0 XXX XXX XXX 0.0 XXX 12.9 Line 12.7 as a % of Line 10.7, Col. 6. Section 10 0.0 0.0 0.0 0.0 0.0 0.0 XXX XXX 0.0 XXX 13. Total Privately Placed Bonds XXX 13.1 Class 1 13.2 Class 2 0.0 0.0 XXX 13.3 Class 3 0.0 0.0 XXX 13.4 Class 4 0.0 0.0 XXX XXX 13.5 Class 5 0.0 0.0 XXX 13.6 Class 6 0.0 0 0 13.7 Totals .0.0. 0.0 XXX 0.0 0.0 ..0.0 0.0 .0.0 0.0 XXX. XXX XXX XXX. .0.0 13.8 Line 13.7 as a % of Col. 6 13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10 0.0 0.0 0.0 0.0 0.0 XXX XXX XXX XXX 0.0

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

Schedule D - Part 1A - Section 2 NONE

SCHEDULE DA - PART 2

Verification	of SHORT-TERM INVESTMENTS Between Years				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year	950,259	0	0	950,259	0
Cost of short-term investments acquired				67 , 544	
Increase (decrease) by adjustment	0				
Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments					
7. Book/adjusted carrying value, current year	1,017,803	0	0	1,017,803	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	1,017,803	0	0	1,017,803	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	1,017,803	0	0	1,017,803	0
12. Income collected during year	12,056			12,056	
13. Income earned during year	13,223			13,223	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

	Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current 1 2 3 4 5 5						
1	2	3	4	5	6	7	
NAIC Company	Federal ID						
Code	Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses	
10043	75-2551212	07/01/2000	Name of Company American National Insurance	TX	Paid Losses525,219		
0599999 - Acci	dent and Health	- Non-Affiliates			525,219		
0699999 - Tota	ls - Accident an	d Health			525,219		
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0799999 - Tot	tals				525,219		

SCHEDULE S - PART 3 - SECTION 2

			Re	einsurance Ceded Accident and Health Insu	rance Listed	by Reinsuring Con	npany as of December	er 31, Current Year				
1	2	3	4	5	6	7	0	0	Outstanding	Surplus Relief	12	13
NAIC								Reserve Credit Taken Other than for Unearned Premiums	10	11	Modified	
Company Code	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld Under Coinsurance
Code	Number	Effective Date	Name of Company	Location	Type	Premiums 332,671	(estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
10043			American National Insurance	TX.	SSL/L							
0299999 -	· Total - Non-Aff	iliates			_	332,671						
	·····					• • • • • • • • • • • • • • • • • • • •						
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0399999	lotals					332,671						

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SCHEDULE S - PART 4

							nauthorized Compa						
1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total Cols. (5+6+7)	9	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 Bu Not in Excess of Col. 8
				•	•								
	· · · · · · · · · · · · · · · · · · ·			•		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		•			
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1199999	Totals												

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	(000 Offillea)											
		1 2002	2 2001	3 2000	4 1999	5 1998						
Α. (DPERATIONS ITEMS											
1.	Premiums	333	306	322	255	324						
2.	Title XVIII-Medicare	0	0	0	0	0						
3.	Title XIX-Medicaid	0	0	0	0	0						
4.	Commissions and reinsurance expense allowance		0	0	0	0						
5.	Total medical and hospital expenses	36 , 194	34,393	30,200	34,792	36,262						
В. І	BALANCE SHEET ITEMS											
6.	Premiums receivable	988	800	598	547	482						
7.	Claims payable	3,478	4,114	0	5,416	4,792						
8.	Reinsurance recoverable on paid losses	525	108	0	0	0						
9.	Experience rating refunds due or unpaid		0	0	0	0						
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0						
11.	Unauthorized reinsurance offset	0	0	0	0	0						
C. (UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)											
12.	Funds deposited by and withheld from (F)	0	0	0	0	0						
13.	Letters of credit (L)	0	0	0	0	0						
14.	Trust agreements (T)	0	0	0	0	0						
15.	Other (O)	0	0	0	0	0						

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	restatement of Balance offeet to Identity Net of	1 1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 9)	4,437,952		4,437,952
2.	Amounts recoverable from reinsurers (Line 12)	525,219		525,219
3.	Accident and health premiums due and unpaid (Line 10)	987 ,786 .		987,786
4.	Net credit for ceded reinsurance.	XXX	525,219	525,219
5.	All other admitted assets (Balance)	1,003,739		1,003,739
6.	Total assets (Line 23)	6,954,696	525,219	7,479,915
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	3,478,204	0	3,478,204
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 6)	735 , 140		735 , 140
10.	Reinsurance in unauthorized companies (Line 14)	0		0
11.	All other liabilities (Balance)	905,316		905,316
12.	Total liabilities (Line 18)	5,118,660	0	5,118,660
13.	Total capital and surplus (Line 26)	1,836,036	XXX	1,836,036
14.	Total liabilities, capital and surplus (Line 27)	6,954,696	0	6,954,696
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	525,219		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	525,219		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25.	Total net credit for ceded reinsurance	525,219		

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SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

PART 2 - SUMMARY OF INSURER S TRANSACTIONS WITH ANY AFFILIATES													
1	2	3	4	5	6	7 Income/	8	9	10	11	12	13	
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losse: and/or Reserve Credit Taken/(Liability)	
	38-3265342	Grand Valley Health Corporation				(-)	845.800	3			845.800		
	38-3247943	Grand Valley Health Management.					319.849				319,849		
	38-3247950	Grand Valley Health Facilities					2.780.019				2.780.019		
95453	38-3265342 38-3247943 38-3247950 38-2396958	Grand Valley Health Corporation. Grand Valley Health Management Grand Valley Health Facilities. Grand Valley Health Plan.					(3,945,668)				(3,945,668)		
						• • • • • • • • • • • • • • • • • • • •				•			
					<u> </u>								
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0	

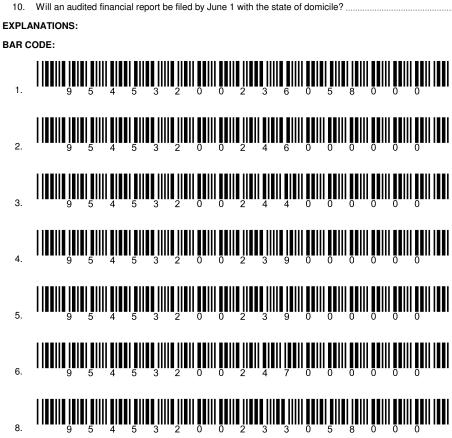
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes	Į		No [. Х]			
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes	[]	No [[X]			
3.	Will an actuarial certification be filed by March 1?	Yes	[]	No [[X]			
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes	[]	No [[X]			
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes	[]	No [[X]			
6.	Will the SVO Compliance Certification be filed by March 1?	Yes	[]	No [[X]			
APRIL FILING									
7.	Will Management's Discussion and Analysis be filed by April 1?	Yes	[X	[]	No []			
8.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	Yes	[]	No [[X]			
9.	Will the Investment Risks Interrogatories be filed by April 1?	Yes	[X	[]	No []			
JUNE FILING									
10.	Will an audited financial report be filed by June 1 with the state of domicile?	Yes	[X	1	No [1			

EXPLANATIONS:



OVERFLOW PAGE FOR WRITE-INS